

PART B - FEE(S) TRANSMITTAL

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24113 7590 06/30/2006

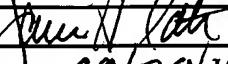
PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.
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James H. Patterson	(Depositor's name)
	(Signature)
Oct 2 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/786,464	02/25/2004	Michael D. Jines	1088.155US02	9341

TITLE OF INVENTION: MAKE UP STATION

10/03/2006 EHAILE2 00000067 10786464

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	DATE DUE
nonprovisional	NO	\$1400	\$300	10/03/2006 30.00 OP

EXAMINER	ART UNIT	CLASS-SUBCLASS
TON, ANABEL	2875	362-135000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	3.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	Patterson, Thuente, Skaar & Christensen, P.A.
		2
		3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wenger Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Owatonna, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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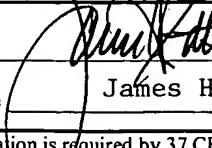
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-8631 (enclose an extra copy of this form).

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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Typed or printed name

James H. Patterson

Date

09/29/06

30,673

Registration No.

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